

12/31/12
0000217186

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 11/28/2012
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName Withhold Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description Year Month

66500	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2012	11	0000095990	Nash, G. 11.12.1	570.00
Total For Voucher												570.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00317201
 Voucher Style: Regular
 Invoice Number: Nash, G. 11.12-11.16.12
 Invoice Date: 11/26/2012
 Total: 570.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 570.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/26/2012 

Net Due: 11/26/2012

Discount Due:

Accounting Date:

Find | View All First  1 of 1 Last 

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N 

Message: Message will appear on remittance advice. Messages

**New Mexico Department of Health
Travel and Training Request Form**

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle	☐ Check if personal vehicle	License #:	1768sg
	Year: 2011	Make: Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.			
	Course Name:	Meeting with Cabinet Secretary in Santa Fe.		
	☒ Check if training is required	☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/09/12	Destination:	Santa Fe						
	Departure Date: (month/day/yr)	11/12/12	Time:	06:00	AM	Return Date: (month/day/yr)	11/16/12	Time:	07:00	PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:									

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration - Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration - Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost - Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash 11-26-2012
Employee Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

Supervisor/Bureau Chief Signature Date

Del M. Gual 11/26/12
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval)